

ATTACHMENT # 9

Prepaid Benefits Package for Primary Care Case Management System

SoonerCare
PCP/CM
Primary Care Capitated Services

CPT code	Description
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99201	Office and other outpatient medical service, new patient; brief service
99202	Office and other outpatient medical service, new patient; limited service
99203	Office and other outpatient medical service, new patient; intermediate service
99204	Office and other outpatient medical service, new patient; extended service

99211	Office and other outpatient medical service, established patient: minimal service
99212	Office and other outpatient medical service, established patient: brief service
99213	Office and other outpatient medical service, established patient: limited service
99214	Office and other outpatient medical service, established patient; intermediate service
99215	Office and other outpatient medical service, established patient: extended service

NEW PATIENT, PREVENTIVE MEDICINE

99381	Office and other outpatient medical service, initial preventive medicine evaluation and management, infant
99382	early childhood. age 1-4
99383	late childhood. age 6-11
99384	adolescent. age 12-17
99385	18-39
99386	40-64
99387	65 and over

99391	Periodic preventive medicine reevaluation and management of an individual, infant
99392	early childhood. age 1-4
99393	late childhood, age 5-11
99394	adolescent. age 12-17
99395	18-39 years
99396	40-64 years
99397	65 years and over

W3003	Administration of injections (other than chemotherapy)	
W3009	Visual testing in connection w/child health screening	
W3010	Auditory screening, child. in connection with child health screening	
W3011	Scheduled EPSDT exam	
W4830	Immunization administration fee (this code to be used if vaccine is obtained through the Vaccine for Children Program)	

90782	Therapeutic or diagnostic injection (specify material injected); subcutaneous or intramuscular	
90788	Intramuscular injection of antibiotic (specify)	

90700	immunization. active, diphtheria, tetanus toxoids. and acellular pertussis vaccine (DTaP)	
90701	diphtheria and tetanus toxoids and pertussis vaccine (DTP)	
90702	diphtheria and tetanus toxoids (DT)	
90703	tetanus toxoid	
90704	mumps virus vaccine. live	
90705	measles virus vaccine, live. attenuated	
90706	rubella virus vaccine. live	
90708	measles and rubella virus vaccine, live	
90709	rubella and mumps virus vaccine, live	
90710	measles. mumps, rubella and varicella vaccine	
90716	varicella (chicken pox) vaccine	
90718	tetanus and diphtheria toxoids absorbed for adult use (Td)	
90719	diphtheria toxoid	
90720	diphtheria. tetanus and pertussis (DTP) and Hemophilus influenza B (HIB) vaccine	
90731	hepatitis B vaccine	
90732	pneumococcal vaccine, polyvalent	
90737	Hemophilus influenza B	

86317	immunoassay for infectious agent antibody, quantitative, not elsewhere specified
86318	immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)
86403	particle agglutination: screen, each antibody
86580	skin test; candida
86580	tuberculosis, intradermal
86585	tuberculosis, tine test

81000	urinalysis by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrate, pH, protein, specific gravity, urobilinogen, any number of these constituents; with microscopy
81002	without microscopy, non-automated
81025	urine pregnancy test

CHEMISTRY

80019	19 or more clinical chemistry tests
82250	bilirubin: total OR direct
82270	blood, occult, feces screening, 1-3 simultaneous determinations
82947	glucose, quantitative
82948	blood, reagent strip

85007	blood count, manual differential WBC count (includes RBC morphology and platelet estimation)
85013	spun microhematocrit
85014	other than spun hematocrit
85021	hemogram automated (RBC, WBC, Hgb, Hct and indices only)
85022	hemogram automated, and manual differential WBC count (CBC)
85024	hemogram and platelet count, automated (CBC)
85025	hemogram and platelet count, automated, and automated complete differential WBC count

85029	additional automated hemogram indices (e.g., red cell distribution width (RDW), mean platelet volume (MPV) red blood cell histogram, platelet histogram, white blood cell histogram); one to three indices
85030	four or more indices
85031	blood count, hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)
85048	white blood cell (WBC)

MICROBIOLOGY

87060*	culture, bacterial, throat or nose
87086	culture, bacterial, urine, quantative, colony count

*code to be used for actual service performed

88150*	cytopathology, smears, cervical or vaginal, up to three smears; screening by technician under physician supervision
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84702	gonadotropin, chorionic (hCG); quantitative
84703	qualitative

RADIOLOGY

71010	radiologic examination, chest; single view, frontal
71020	radiologic examination, chest, 2 views, frontal and lateral
73060	humerus, minimum of two views
73090	radiologic examination, forearm, anteroposterior and lateral views
73550	radiologic examination, femur, anteroposterior and lateral views
73590	radiologic examination, tibia and fibula, anteroposterior and lateral views
73070	radiologic examination, elbow, anteroposterior and lateral views
73100	radiologic examination, wrist, anteroposterior and lateral views
73120	radiologic examination, hand; two views
73560	radiologic examination, knee; anteroposterior and lateral views
73600	radiologic examination, ankle, anteroposterior and lateral views
73620	radiologic examination, foot, anteroposterior and lateral views

Alternative codes used to bill for the services listed above may be changed to codes listed in the benefit package.

ATTACHMENT # 10

Therapeutic Classifications of Pharmaceuticals

Attachment H
Therapeutic classifications

00	MEDICAL SUPPLIES
01	ANTACIDS
03	ANTIDIARRHEALS
04	ANTISPASMODIC - ANTICHOLINERGICS
05	BILE THERAPY
06	LAXATIVES
07	ATARACTICS - TRANQUILIZERS
08	MUSCLE RELAXANTS
09	ANTIPARKINSON
10	CNS STIMULANTS
11	PSYCHOSTIMULANTS - ANTIDEPRESSANTS ✓
12	AMPHETAMINE PREPARATIONS
14	ANTI HISTAMINES
15	BRONCHIAL DILATORS
16	COUGH PREPARATIONS/EXPECTORANTS
17	COUGH AND COLD PREPARATIONS
18	ADRENERGICS
19	TOPICAL/NASAL/OTIC PREPARATIONS
20	OPHTHAMALIC PREPARATIONS
21	TETRACYCLINES
22	PENICILLINS
23	STREPTOMYCINS
24	SULFONAMIDES
25	ERYTHROMYCINS
26	CEPHALOSPORINS
27	OTHER ANTIBIOTICS
28	URINARY ANTIBACTERIALS
29	CHLORAMPHENICOL
30	ANTINEOPLASTICS
31	ANTIPARASITICS
32	ANTIMALARIALS
33	ANTIVIRALS
34	TB PREPARATIONS
35	TRIMETHOPRIM
36	TOPICAL CONTRACEPTIVES
37	VAGINAL CLEANSERS
38	GENERAL ANTIBACTERIALS/ANTISEPTICS
40	NARCOTIC ANALGESICS
41	NON-NARCOTIC ANALGESICS
42	ANTIARTHRITICS
44	ANESTHETICS - GENERAL/INJECT.
45	ANESTHETICS - LOCAL/TOPICAL
46	SEDATIVE - BARBITURATE
47	SEDATIVE - NON-BARBITURATE
48	ANTICONVULSANTS
49	ANTINAUSEANTS
50	CORTICOTROPMS
51	GLUCOCORTICIDS

52	MINERALOCORTICIDS
53	ALDOSTERONE - ANTAGONISTS
54	ANTIDOTES
55	THYROID PREPARATIONS
56	ANTITHYROID PREPARATIONS
58	DIABETIC THERAPY
59	ANABOLICS
60	ANDROGENS
61	ESTROGENS
62	PROGESTERONE
63	ORAL CONTRACEPTIVES
64	OTHER HORMONES
65	LIPOTROPICS
66	CHOLESTEROL REDUCERS
67	DIGESTANTS
68	PROTEIN LYSATES
69	ENZYMES
70	RAUWOLFIA
71	OTHER HYPOTENSIVES
72	VASODILATORS - CORONARY
73	VASODILATORS - PERIPHERAL
74	DIGITALIS PREPARATIONS
75	XANTHINE DERIVATIVES
76	OTHER CARDIOVASCULAR PREPARATIONS
77	ANTICOAGULANTS
78	HEMOSTATICS
79	DIURETICS
80	FAT-SOLUBLE VITAMINS
82	MULTIVITAMINS
83	FOLIC ACID PREPARATIONS
85	VITAMIN K
86	INFANT FORMULAS
87	ELECTROLYTES AND MISCELLANEOUS NUTRIENTS
88	HEMATINICS
90	BIOLOGICALS
91	ANTI-PRURITICS
92	COAL TAR
93	EMOLLIENTS/PROTECTIVES
94	FUNGICIDES
95	ALL OTHER DERMATOLOGICALS
96	HEMORRHOIDAL PREPARATIONS
97	OXYTOXICS
98	PARASYMPATHETIC AGENTS
99	MISCELLANEOUS

• This classification list ~~was~~ developed by FirstDataBank.

ATTACHMENT # 11

Primary Care Case Manager Credentialling Application

PCP/CM Application

General Information:

This application must be 100% complete or it will not be considered. If you have any questions please feel free to contact OHCA provider enrollment at 1-800-871-9347 or 405-525-1092.

Personal Information

Name: _____
first middle last maiden or other name used degree

Social Security #: _____ Date of Birth: _____

Medicaid Number: _____ Tax ID Number: _____

Sex: ☐ M ☐ F Medicare Number: _____

Languages spoken by applicant: _____

Address: _____

Telephone number: _____

Hospital admitting privileges? ☐ yes ☐ no

If yes, please give name and address of each facility.

If no, please explain formal arrangements for admitting members to the hospital.

Is malpractice coverage current? ☒ yes ☐ no

Signature

Date

Practice Emphasis

Please check which participating status you are applying for.

☐ Primary Care Provider {
check area

☐ General Practice
☐ Internal Medicine

☐ Family Practice
☐ Pediatrics

☐ Specialty Care Provider, pleas.: indicate specialty: _____
sub-specialty: _____

Specialty Care Provider applying for PCP status a y e s ☐no

If yes, you must complete page 4 of this form,

Board Certified ☐yes ☐no

Board Eligible ☐yes ☐no

☐ Nurse Practitioner

Office Hours

Please list the hours the office is open indicating central standard time. If more than two offices are used please list additional locations on a separate sheet.

Location	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Primary Office							
Secondary Office							

Call Coverage

24 hour, 7-day-per-week coverage is required. Please describe after hours arrangements and list your coverage physician by name. Covering physicians should be participating providers and must abide by the policies and procedures of the *SoonerCare* program.

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

Practice Locations/Billing Address

Primary Office Location	Secondary Office Location	Billing Address
Name	Name	<input type="checkbox"/> billing done at primary office location
		<input type="checkbox"/> billing done at secondary office location
		<input type="checkbox"/> billing done at each location
Address	Address	<input type="checkbox"/> billing done at other office location please explain
City State Zip	City State Zip	<input type="checkbox"/> billing done at non- office location please complete the information below
County	County	
AC Telephone	AC Telephone	address
Fax #	Fax #	city state zip
Office Manager	Office Manager	
Languages spoken by staff	Languages spoken by staff	telephone
Tax ID Number	Tax ID Number	fax
% of provider's time at this facility* _____	% of provider's time at this facility* _____	
Number of P.A.s and Nurse Practitioners at this site _____	Number of P.A.s and Nurse Practitioners at this site _____	
Number of SoonerCare members physician is willing to accept at this site _____	Number of SoonerCare members physician is willing to accept at this site _____	
Reserved slots for existing Medicaid patients, may not exceed 90% of total _____ *total time may not exceed 100%	Reserved slots for existing Medicaid patients, may not exceed 90% of total _____ *total time may not exceed 100%	
Is your office accepting new patients? <input type="checkbox"/> yes <input type="checkbox"/> no	Is your office accepting new patients? <input type="checkbox"/> yes <input type="checkbox"/> no	
Does this office have Lab Services? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> on site <input type="checkbox"/> reference lab	Does this office have Lab Services? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> on site <input type="checkbox"/> reference lab	
Radiology <input type="checkbox"/> yes <input type="checkbox"/> no CLIA Waiver # _____	Radiology <input type="checkbox"/> yes <input type="checkbox"/> no CLIA Waiver # _____	
CLIA Identification# _____	CLIA Identification# _____	

Request for Specialist to serve as Primary Care Physician Case Manager

When answering these questions please take into consideration the definition of primary care listed below.

“Primary health care is defined as characterized by comprehensive, continuous, first-contact care”--Commission on Oklahoma Health Care, 1993

-
- 1. What percent of your practice is spent providing primary care services?
 - 2. Do you accept new patients for primary care services?
 - 3. Have you received any post medical school training in primary care? If yes, please describe. This could include CME, formal training such as internships, residencies, or fellowships, and informal training.
 - 4. Please provide any other information which is relevant to this situation.
 - 5. What kind of experience do you have serving the Medicaid or indigent population?

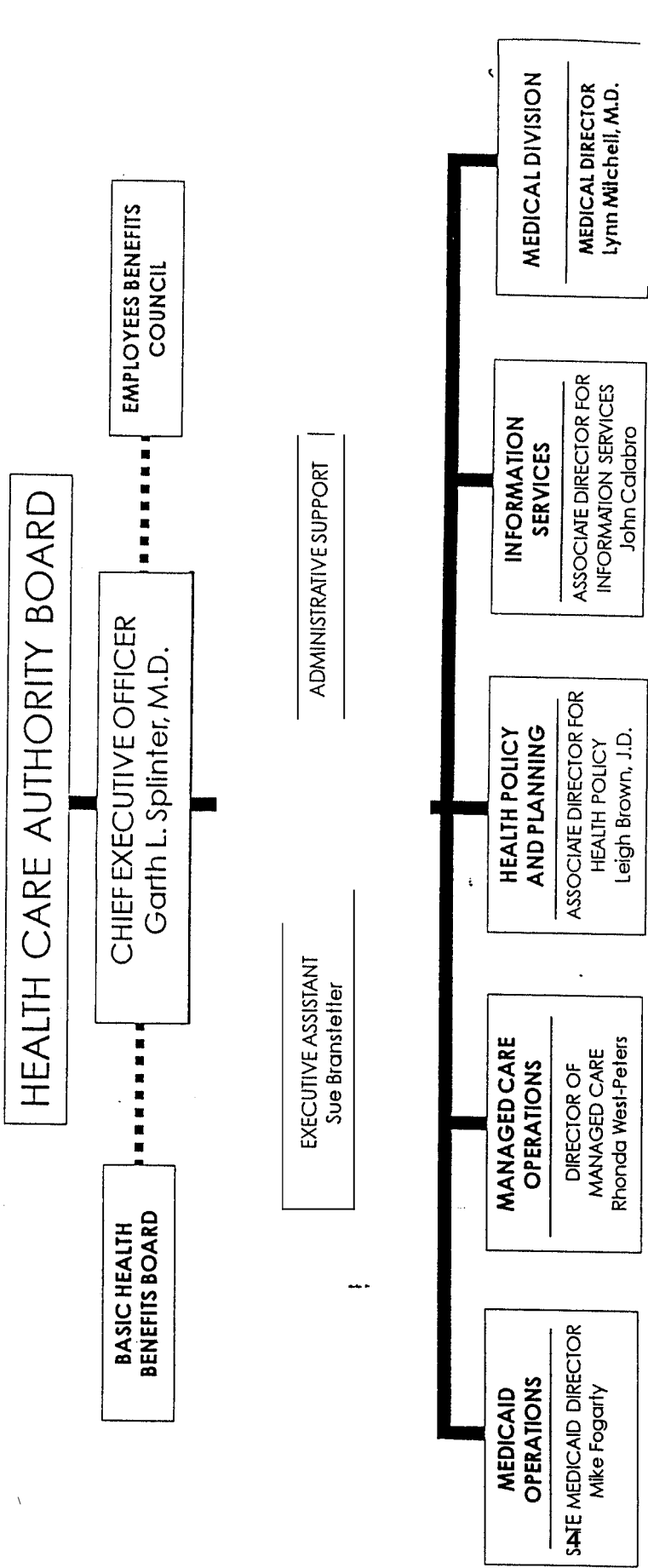
(name)

(address)

ATTACHMENT # 12

Oklahoma Health Care Authority Organizational Chart

OKLAHOMA HEALTH CARE AUTHORITY



Contract Employees/Employees that do not count against the FTE Limit	
Seasonal Employees	
Vacancies	
Summary	FTE's 224.5

OKLAHOMA HEALTH CARE AUTHORITY

ADMINISTRATIVE SUPPORT

CHIEF EXECUTIVE OFFICER
Garth L. Splinter, M.D.

EXECUTIVE ASSISTANT
Sue Branstetter

FINANCE
CHIEF FINANCIAL OFFICER
Vacant
FINANCIAL OFFICER
Debra Johnson
FEDERAL FINANCIAL MANAGER
Carrle Bralcher
ACCOUNTANT I
Zohreh Fard
CLAIMS PROCESSOR
Thelma Canada
PAYROLL ASSISTANT
Thanya Kilby
ADMINISTRATIVE OFFICER I
Stephen Howze
CARL ALBERT INTERN
Troy Adkins, II

DRUG REBATE
DRUG REBATE SUPERVISOR
Tom Simonson
DRUG REBATE COORDINATOR
Karen Koch

CHIEF OF STAFF
Jack Goddard
(acting)

SPECIAL PROJECTS
SPECIAL PROJECTS DIRECTOR
Cindy Roberts
SPECIAL PROJECTS MANAGER
Dana Brown
SPECIAL PROJECTS COORDINATOR
Justin Giwa

AGENCY OPERATIONS
OPERATIONS COORDINATOR
Almee Copple
RECEPTIONIST
Alice Vigus
MAIL/SUPPLY SUPERVISOR
Matthew Hurley
ADMINISTRATIVE ASSISTANT
Danna Hitchhys
(.6 FTE)
ADMINISTRATIVE ASSISTANT
Vacant
SEASONAL EMPLOYEE
Travis Wright

HUMAN RESOURCES
DIRECTOR OF HUMAN RESOURCES
Jack Goddard
ADMINISTRATIVE ASSISTANT II
Kristin Griffin

PURCHASING
BENEFITS/PROCUREMENT OFFICER
Vickie Kersey
PURCHASING OFFICER
Vacant

PUBLIC INFORMATION
PUBLIC INFORMATION OFFICER
Beverly Blake
PUBLICATIONS & MEDIA SPECIALIST
Kurt Snodgrass
ADMINISTRATIVE OFFICER I
Barbara Fried

LEGAL
GENERAL COUNSEL
Howard Pallotta, J.D.
DEPUTY GENERAL COUNSEL II
Vacant
ATTORNEY
Lynn Jones
LEGAL ASSISTANT
Linda Anderson
LEGAL SECRETARY
Chris Lofgren

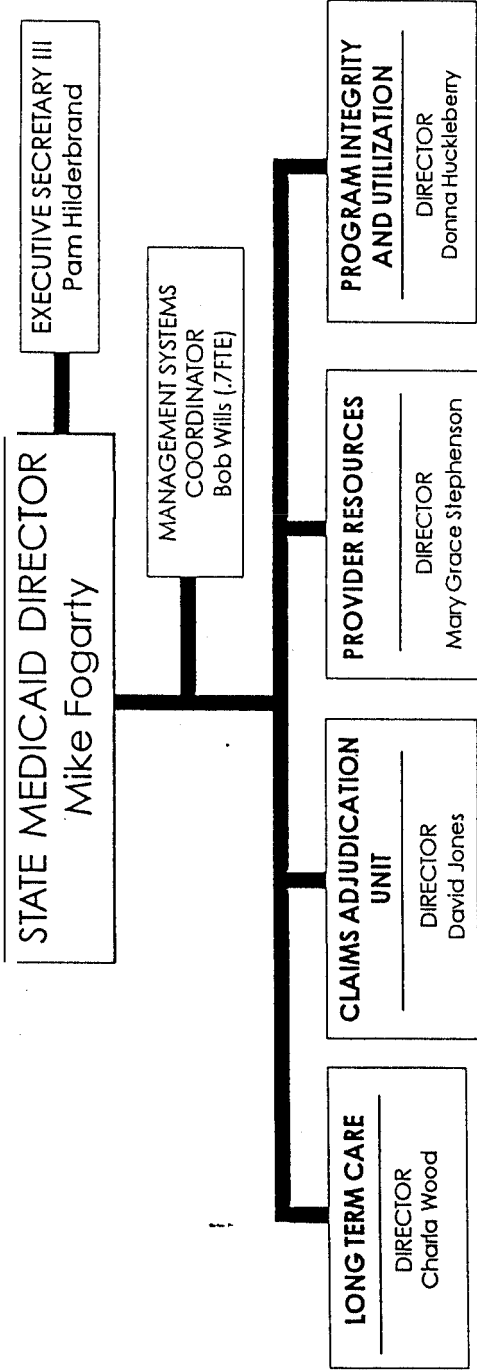
CONTRACTS
BUSINESS & CONTRACTS MANAGER
Karen Collier, J.D.
CONTRACTS OFFICER
Shawn Wright

ASSISTANT ATTORNEY GENERAL
Rebecca Pasternik
(Contract)

FTE's	28.6
Seasonal	
Employees	1
Other	2
Vacancies	4
TOTAL	32.6

OKLAHOMA HEALTH CARE AUTHORITY

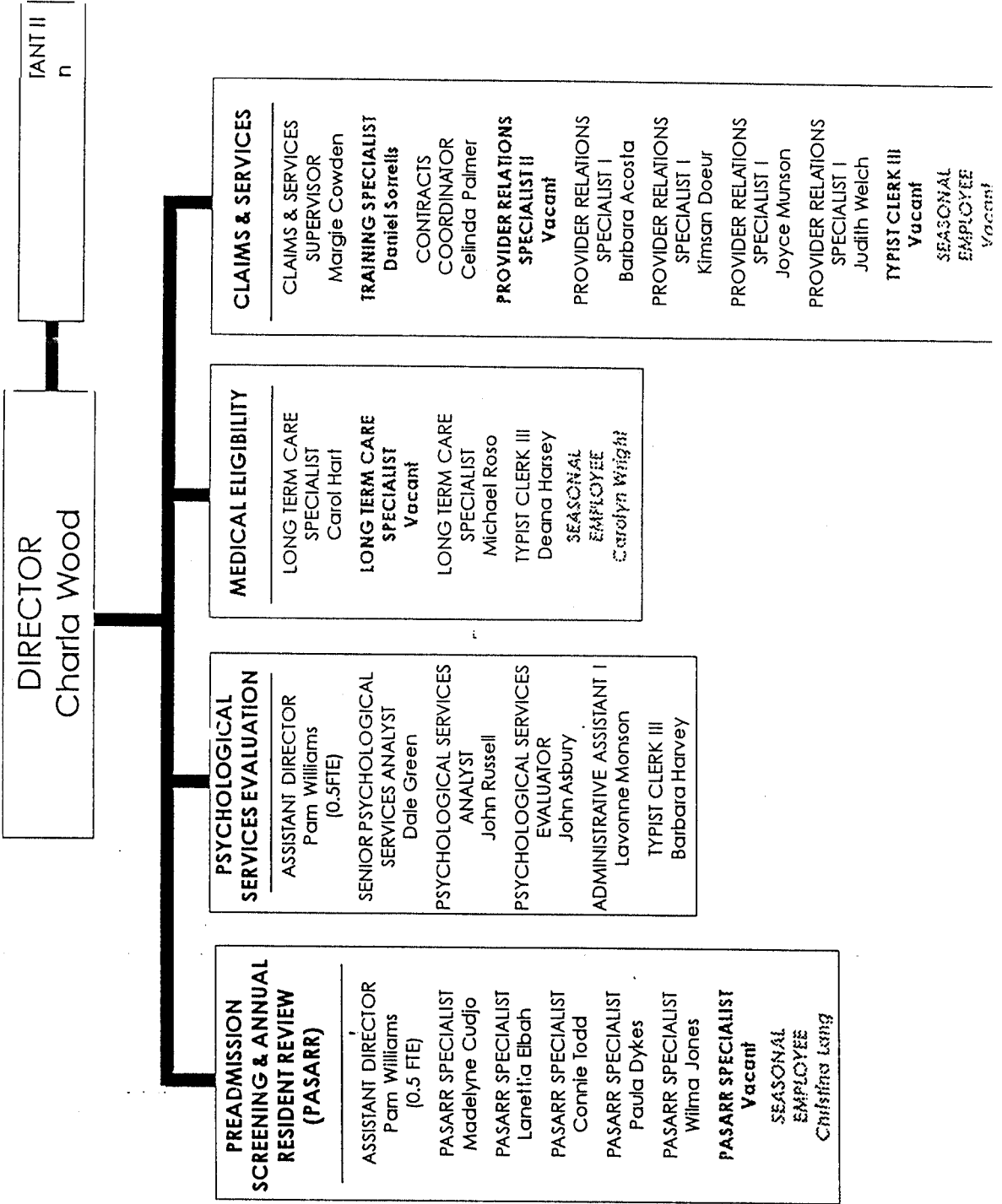
MEDICAID OPERATIONS



FTE's	2.7
Seasonal	0
Employee	0
Other	0
Vacancies	0
TOTAL	2.7

OKLAHOMA HEALTH CARE AUTHORITY

LONG TERM CARE



OKLAHOMA HEALTH CARE AUTHORITY

CLAIMS ADJUDICATION

DIRECTOR
David Jones

ADMINISTRATIVE ASSISTANT II
Janet Sparks

ADJUSTMENTS
ADJUSTMENTS SUPERVISOR Patty Spencer
MEDICAL CLAIMS ANALYST II Linda Carson
MEDICAL CLAIMS ANALYST I Jana Bellis
MEDICAL CLAIMS ANALYST I Linda Warren
MEDICAL CLAIMS ANALYST I Lori Harding
CLAIMS PROCESSOR REVIEWER II Vicki Valencia
MEDICAL CLAIMS ANALYST I Vacant (TLA)
MEDICAL CLAIMS ANALYST I Vacant(TLA)
TYPIST CLERK III Vacant
SEASONAL EMPLOYEE Danna Chestnut
SEASONAL EMPLOYEE Vacant
SEASONAL EMPLOYEE Francis DeCuir

CLAIMS RESOLUTION AND MONITORING
CLAIMS PROCESSING ASSISTANCE SUPERVISOR Mary Lou Schniedermeyer
ADMINISTRATIVE ASSISTANT II Paula Crouch
CLAIMS PROCESSOR REVIEWER II Pat Beaver
CLAIMS PROCESSOR REVIEWER II Bill Bullis
CLAIMS PROCESSOR REVIEWER II Carolyn McCray
CLAIMS PROCESSOR REVIEWER II Iva Seawright
CLAIMS PROCESSOR REVIEWER II Erick Tadeffa
DATA ENTRY OPERATOR II Ann Day
CLAIMS PROCESSOR REVIEWER II Peggy Nabors
CLAIMS PROCESSOR REVIEWER II Vacant (TLA)

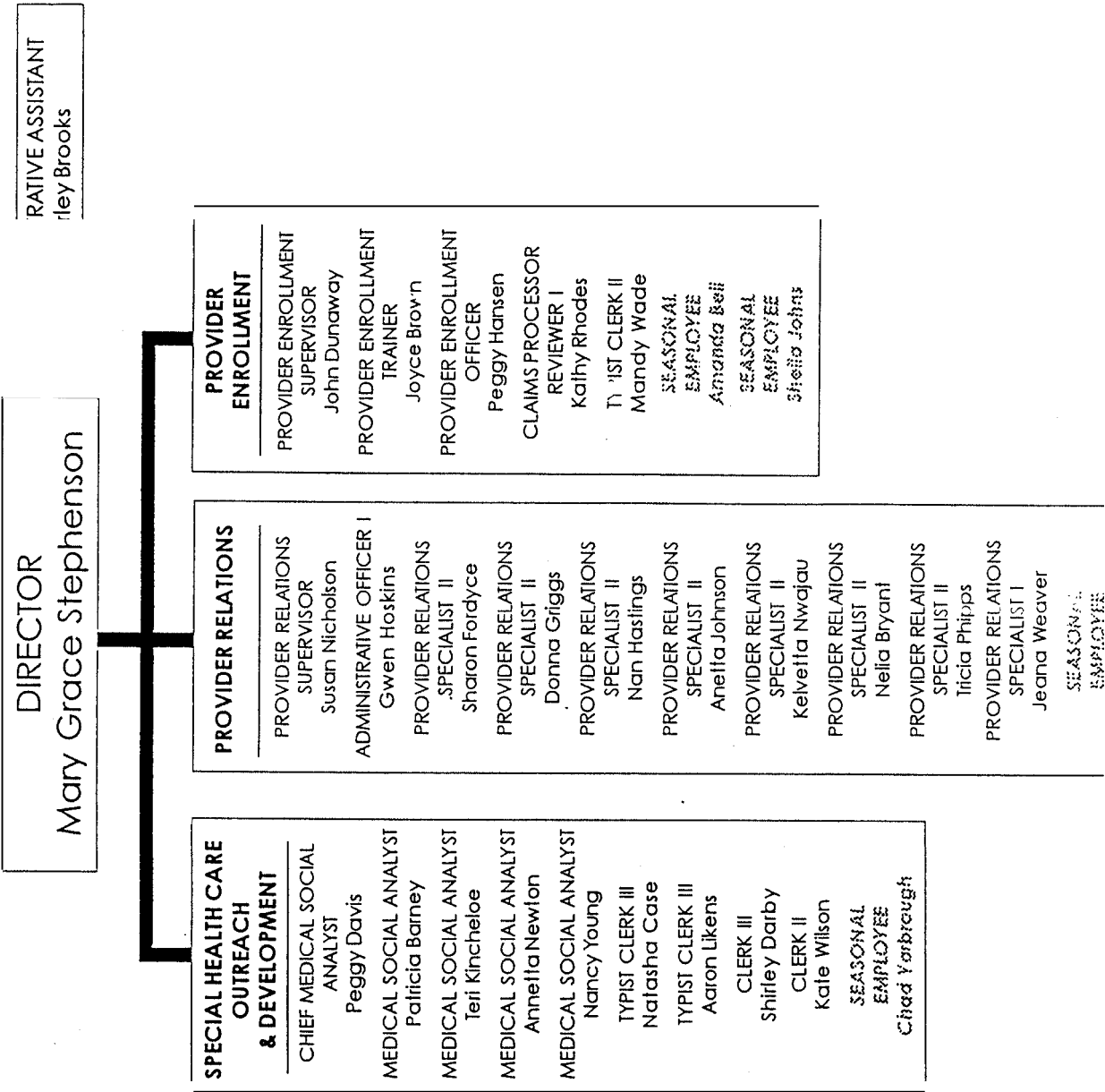
CLAIMS DOCUMENTATION
CLAIMS DOCUMENTATION SUPERVISOR Bob Wills (.3 FTE)
ADMINISTRATIVE ASSISTANT II Shirley Cudjoe
MICROFILM EQUIPMENT SUPERVISOR Chuck Ruffra
MICROFILM EQUIPMENT OPERATOR I Teresa House
MICROFILM EQUIPMENT OPERATOR I Angela Bailey (TLA)
WARRANT CLERK III Lillie Beers
WARRANT CLERK II Judy Blackwood
WARRANT CLERK II Barbara Keen

THIRD PARTY LIABILITY
THIRD PARTY LIABILITY SUPERVISOR Michele Galther
MEDICAL CLAIMS ANALYST I Kay Begin
MEDICAL CLAIMS ANALYST I Angela Brannen
MEDICAL CLAIMS ANALYST I Patty Wallach
MEDICAL CLAIMS ANALYST I LuAnn Kelley
TYPIST CLERK III Emma Sutton (0.5 FTE)
TYPIST CLERK III Emma Sutton (0.5 FTE)
TPL INVESTIGATOR Vacant (TLA)
SEASONAL EMPLOYEE Raylie Hobby
MEDICAL CLAIMS ANALYST I Jan Campbell
MEDICAL CLAIMS ANALYST I Diane Flowers
MEDICAL CLAIMS ANALYST I Brian Hayes
MEDICAL CLAIMS ANALYST I Lupe Rendon

FTE's	31.3
Seasonal Employees	5
Other	0
Vacancies	7
TOTAL	39.3

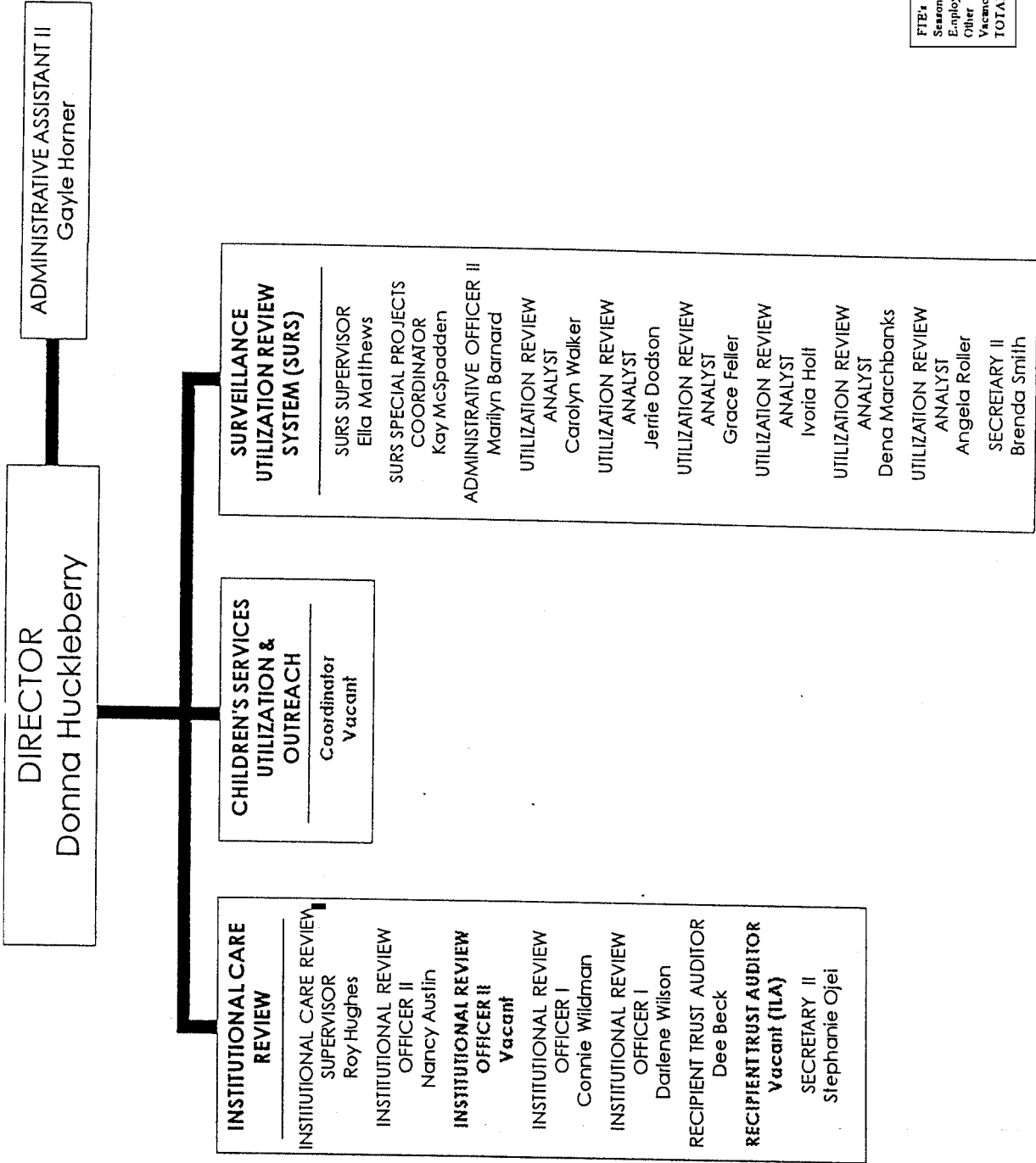
OKLAHOMA HEALTH CARE AUTHORITY

PROVIDER RESOURCES



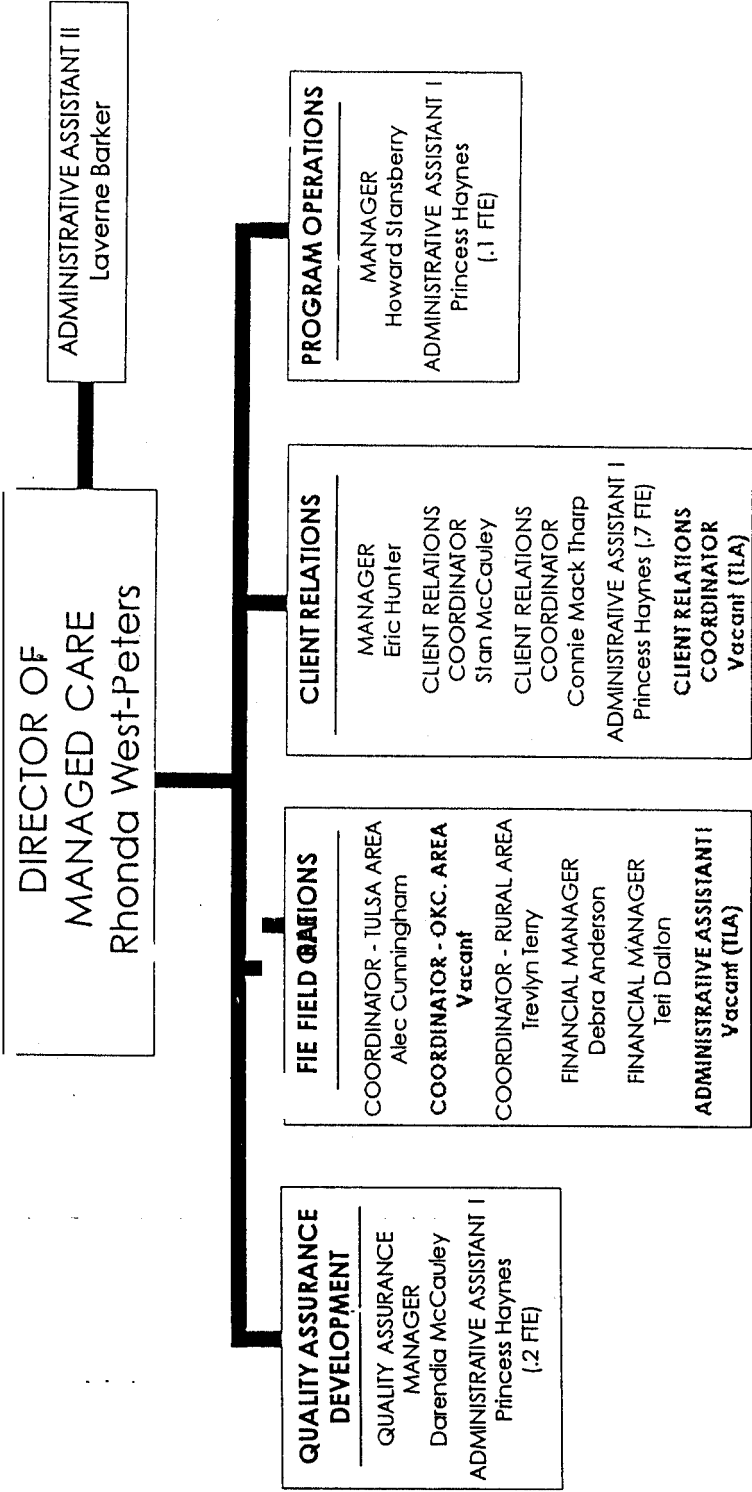
OKLAHOMA HEALTH CARE AUTHORITY

PROGRAM INTEGRITY & UTILIZATION



OKLAHOMA HEALTH CARE AUTHORITY

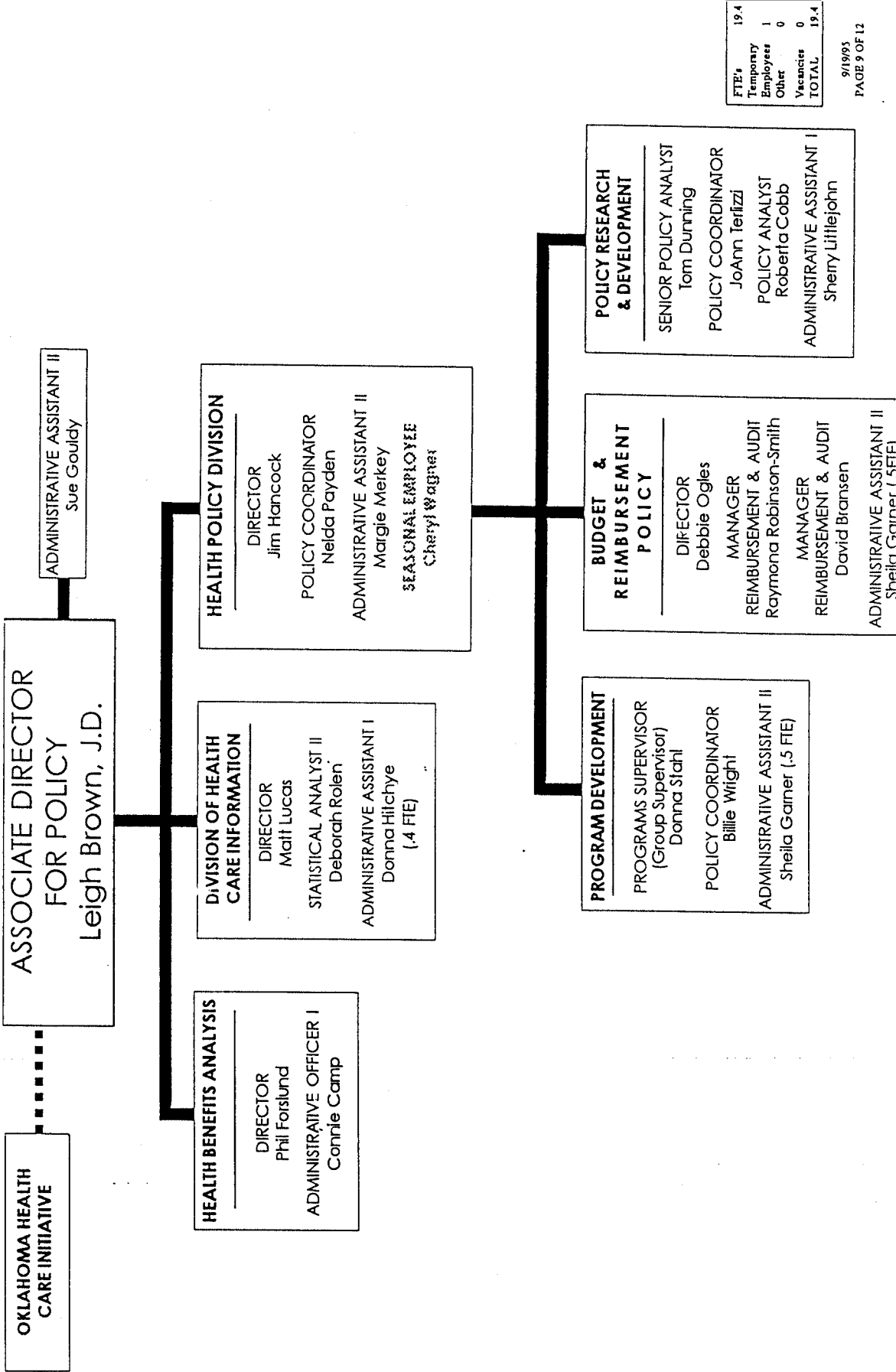
MANAGED CARE OPERATIONS



FTE's	12
Seasonal	
Employee	0
Other	4
Vacancies	3
TOTAL	15

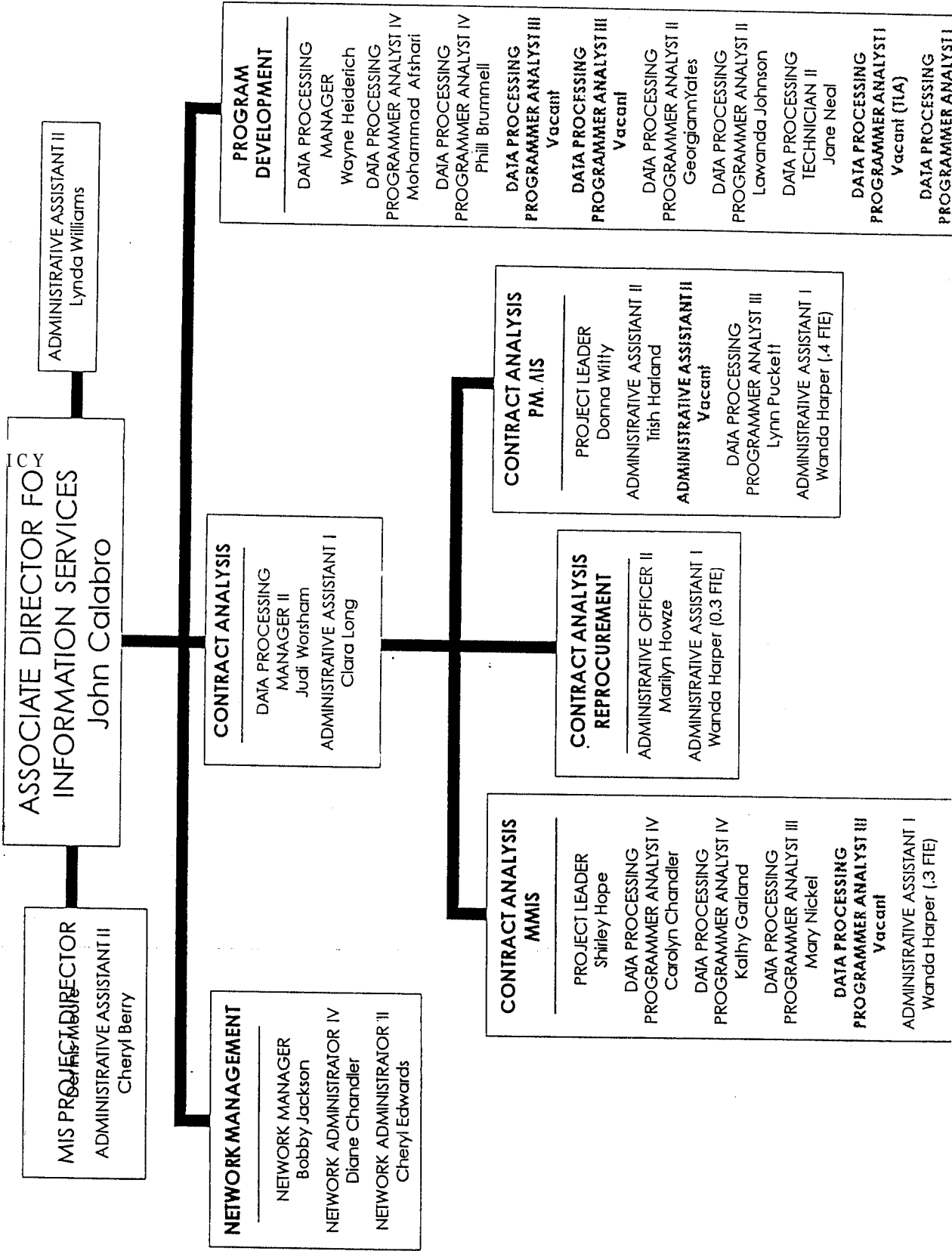
OKLAHOMA HEALTH CARE AUTHORITY

HEALTH POLICY & PLANNING



OKLAHOMA HEALTH CARE AUTHORITY

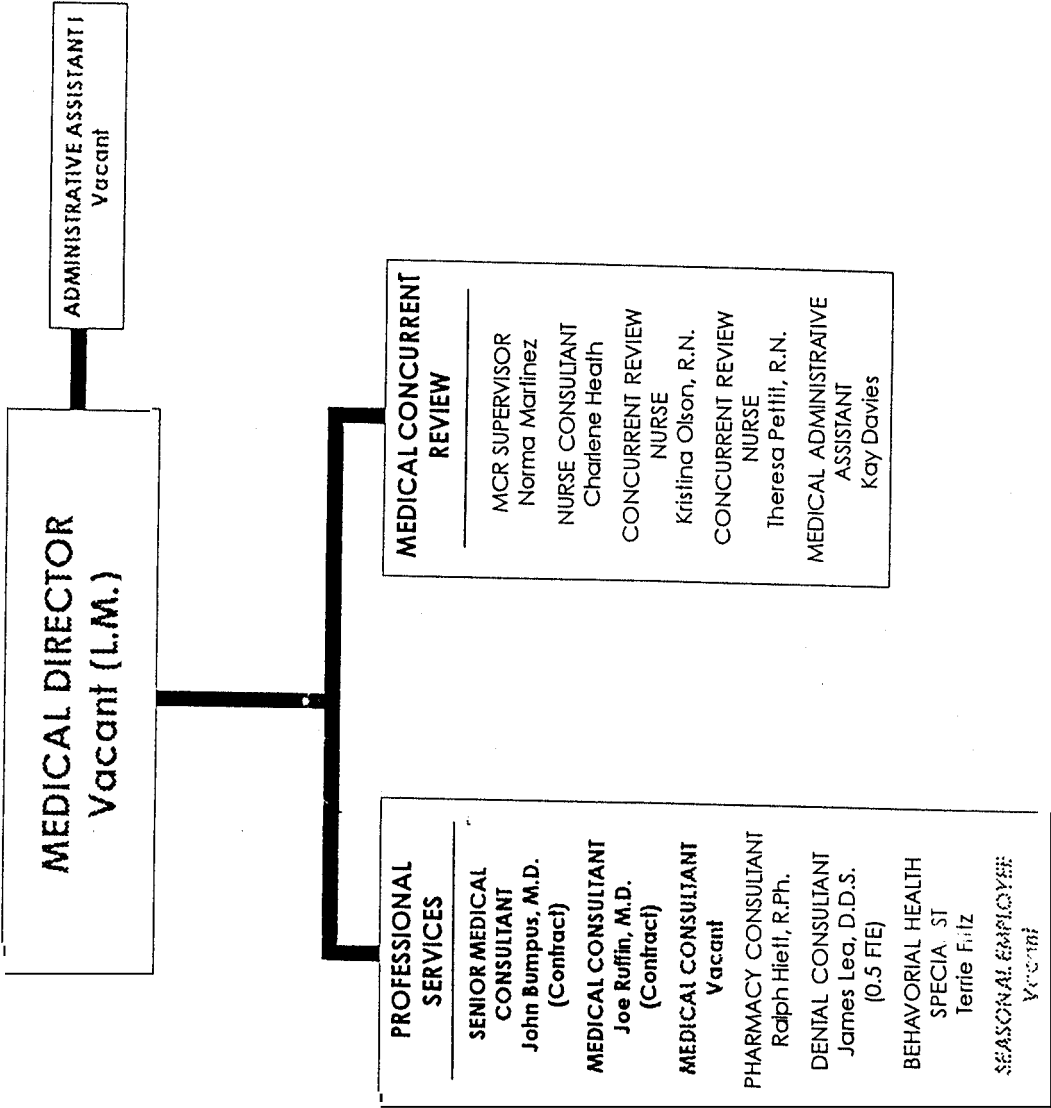
INFORMATION SERVICES



FTE's	24
Seasonal	
Employees	0
Other	0
Vacancies	6
TOTAL	30

OKLAHOMA HEALTH CARE AUTHORITY

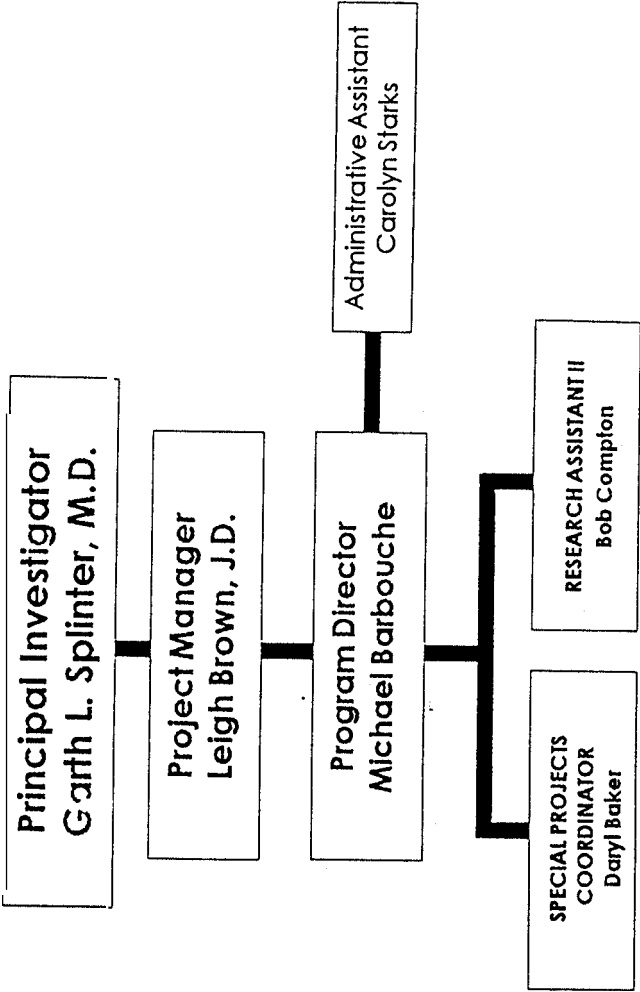
MEDICAL DIVISION



FTE's	7.5
Seasonal Employees	0
Other	2
Vacancies	3
TOTAL	10.5

OKLAHOMA HEALTH CARE AUTHORITY

ROBERT WOOD JOHNSON GRANT



FTEs	1
Seasonal	0
Employees	0
Other	0
Vacancies	0